

Project Request (Call for Appointment)

This form is for the use of academic institutions that wish to request a Fulbright Senior Specialist. **The completed form must be returned to your local Fulbright Commission or U.S. Embassy at the address listed in the gray box at the bottom of this page. Should this project be approved, a final report will be required from the host institution upon completion of the project. The final report form will be distributed and collected by your local Fulbright Commission or Embassy contact person.**

The recruitment effort for your program request can be most effective if:

1. Careful attention is given to the **Program Description** and the **Purpose of the Program** to ensure adequate detail in describing the scope of work
2. Adequate lead time is given for recruitment of specialists who best fit the program request. Please allow a minimum of two to three months of lead time before the requested start date.
3. Flexibility in the timeframe of the proposed project is allowed in order to accommodate the various schedules of potential Fulbright Senior Specialists candidates

Contacts

Host Institution

Institution Name _____
 Street address 1 _____
 Street address 2 _____
 City _____
 State _____
 Country _____
 Zip/postal code _____
 Phone _____
 Fax _____
 e-mail _____
 web address _____
 Contact family name _____
 Contact first name _____
 Contact title _____

Commission/post --[This section to be filled out by Fulbright Commission or U.S. Embassy]

Institution type ☐ commission ☒ post
 Street address 1 (institution name) Office of Public Affairs, American Embassy
 Street address 2 686 Old Bagamoyo Road, Msasani
 Street address 3 Box 9123
 City Dar es Salaam
 Country Tanzania
 Zip/postal code _____
 web address http://tanzania.usembassy.gov

Officer or responsible official from post or commission making request

Prefix Ms.
 Family name Carvalho
 First name Diana Affonso
 Title Cultural Affairs Assistant
 Phone +255 22 2668001 ext. 4186

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e-mail CarvalhoDA@state.gov

Program Description

Field requested (Choose only one primary field)

Primary Fields

- ☐ __ Anthropology
- ☐ __ Archaeology
- ☐ __ Business Administration
- ☐ __ Communications / Journalism
- ☐ __ Economics
- ☐ __ Education
- ☐ __ Environmental Science
- ☐ __ Information Technology
- ☐ __ Law
- ☐ __ Library Science
- ☐ __ Peace and Conflict Resolution Studies
- ☐ __ Political Science
- ☐ __ Public Administration
- ☐ __ Public/Global Health
- ☐ __ Sociology
- ☐ __ Social Work
- ☐ __ Urban Planning
- ☐ __ U.S. Studies--GENERAL
- ☐ __ U.S. Studies--Art
- ☐ __ U.S. Studies--Art History
- ☐ __ U.S. Studies--Dance
- ☐ __ U.S. Studies--History
- ☐ __ U.S. Studies--Literature
- ☐ __ U.S. Studies--Music
- ☐ __ U.S. Studies--Popular Culture
- ☐ __ U.S. Studies--Religion
- ☐ __ U.S. Studies--Theater
- ☐ __ U.S. Studies--Women's Studies

Specialization desired within this field _____

Other fields of interest if this is an interdisciplinary request _____

Type(s) of activity requested

- ☐ Present lectures at graduate and undergraduate levels
- ☐ Participate in or lead seminars or workshops at overseas academic institutions
- ☐ Conduct needs assessments, surveys, institutional or programmatic research
- ☐ Take part in specialized academic programs and conferences
- ☐ Consult with administrators and instructors of post-secondary institutions on faculty development
- ☐ Develop and/or assess academic curricula or educational materials
- ☐ Conduct teacher-training programs at the tertiary level
- ☐ Other (please describe): _____

Program description *(In order to provide the best possible matches of specialists with program requests, please be very specific as to the type of and scope of work that the specialist would engage in.)*

Program purpose *(Describe the program objectives and provide background on the issues and institutions involved.)*

Program Length

A Senior Specialists grant may be funded for anywhere between 14 and 42 days, including travel days. If necessary to achieve program goals, a serial grant may be requested. The policy for requesting serial visits has been revised and applies to all new requests submitted on or after October 1, 2003. The **Policy for Serial Grants in the Fulbright Senior Specialists Program** is as follows:

- A serial grant may consist of a series of visits only within a one-year period. The one-year period is calculated by adding 12 months from the start date of the first visit. When requesting a serial grant, explanation should be given as to the necessity of multiple visits.
- A Specialist may receive a Fulbright Senior Specialists grant(s) to a single country for a maximum of 6 weeks (42 days) total within this one-year period. The grantee may make 1-3 serial visits not exceeding 6 weeks total. Each visit must be a minimum of 14 days. In sum, the rule for one scholar is a total of 6 weeks per country, per year.
- To request a specialist for a series of visits over multiple years, a new request may be submitted the following year.

Is a serial grant (multiple visits, vs. a single visit) requested? ☐yes ☐no

How many visits are requested? _____

Please list the preferred arrival date for each visit in the grid below. Each visit must be between 14-42 days, including travel days. If requesting one visit, only fill in Visit 1.

Visit	Preferred arrival date	Length of visit (Number of days)
1		
2		
3		
4		

Total Preferred Grant Length (Please add total number of days requested for **all** visits) _____

Flexibility of time frame (Flexibility of time frame/ justification for serial grant (Providing flexibility in the timeframe of the requested project may result in a broader pool of candidates from which to choose. Please describe the extent, in days or months, of the host institution's flexibility. Also, if a serial grant is requested, provide explanation as to the necessity of multiple visits.)

Specialist Description

Qualifications preferred

Basic Profile ☐Academic ☐Professional ☐Either

Minimum academic degree _____

Minimum years of teaching experience _____

Minimum academic rank _____

Language requirements _____

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Audience (One way of determining the level of grantee expertise needed for a program is to know with whom he/she will be working. If the name of the audience doesn't make clear their level of sophistication, please elaborate.)

Candidates of interest from the Roster/Other qualifications

If you have looked at the Senior Specialists Roster (found on the Reports page of the Online Project Management System) and have found Specialists whose credentials you are interested in for this project, you may list their Applicant ID Number(s) here--ID Numbers can be found on the Roster. While CIES cannot guarantee that a specific individual will be available for this project, we will take your indication of interest in a specific specialist from the Roster into consideration and will do everything possible to find the right match for your project, whether it be that specific person or someone with similar expertise. If there is any other information you would like to give us on the type of Specialist required for you project, please do so here.

Is this a request for a specific individual (Name Request)? ☐yes ☐no

FSB policy allows commissions and PA Sections to include in a program proposal or in a special submission the names of lecturers or lecture/researchers in whom an institution is particularly interested. Foreign institutions may invite such candidates to apply with the understanding that the invitation does not constitute a commitment or a preference in final consideration. **Note:** The requested individual must be a US citizen to apply.

Requested Specialist Information

Please provide as many contact details as possible so that CIES can contact this person to ascertain interest & availability in being considered for this grant opportunity.

Name of person requested (Surname, first name) _____

Title _____

Institution _____

Email _____

Phone _____

Provide a brief justification for requesting this person: _____

Has the commission / PA Section/host institution had prior contact with the requested specialist about this program? ☐yes ☐no

If so, please advise of the results of those contacts: _____

Cost Share Commitment

Costs for the Fulbright Senior Specialist Program will be shared by ECA/A/E and the host institution. The Office of Academic Exchange Programs will pay for international travel and a daily honorarium to the U.S. Fulbrighter. Host academic institutions will be asked to cover the Fulbrighter's **lodging, meals and in-country travel**. Commissions or Public Affairs Sections will function as program brokers and will normally not contribute to program costs. However, in those cases where a host academic institution is unable to cover its share of program costs, Commissions and Public Affairs Sections will be allowed to use their own funds to complete the cost-share with ECA/A/E.

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At this time, please confirm the cost-share details to be shared with the Senior Specialist grantee chosen to fill this program request. **It is important to note that either the potential host institution or the commission/post must agree to cover the grantee's lodging, meals and in-country travel in order for the request for a Fulbright Senior Specialist to be approved.**

Contact Information for Person Responsible for Housing Arrangements:

Name _____

Professional Title _____

E-mail _____

Phone _____

Lodging Arrangements

Briefly describe the housing arrangements that have been made for the Senior Specialist (Housing for the duration of the stay should be arranged ahead of arrival). If in-kind coverage of cost share, please describe. If monies will be paid directly to the grantee, please describe how much.

Housing is available from _____(date) to _____ (date).

Who agrees to cover this portion of the cost share?

☐ host academic institution ☐ U.S. Embassy ☐ Commission

In-Country Travel Arrangements

Describe arrangements for coverage of in-country travel. If in-kind coverage of cost share, please describe. If monies will be paid directly to the grantee, please describe how much.

Who agrees to cover this portion of the cost share?

☐ host academic institution ☐ U.S. Embassy ☐ Commission

Meal Arrangements

Describe arrangements for coverage of meals. If in-kind coverage of cost share, please describe. If monies will be paid directly to the grantee, please describe how much.

Who agrees to cover this portion of the cost share?

☐ host academic institution ☐ U.S. Embassy ☐ Commission

Arrival Arrangements

Describe arrangements for the Specialists arrival and pickup from the airport, and the name of the person meeting the Specialist:

Please provide any special notes or instructions to the Senior Specialist regarding in-country details that would be helpful in preparing for his/her arrival:
